

## The City of Lynchburg, Virginia

Neighborhood Services Division

City Hall, 900 Church Street Lynchburg, Virginia 24504 ● (434) 455-3900 FAX ● (434) 845-7630

## REQUEST FOR CERTIFICATE OF ZONING APPROVAL FOR BUSINESS PURPOSES

LOCATION	
ZONING DISTRICT:	
I,, hereby request a following type of business. (Please list in detail your prop	
Name of Business:	
Name of applicant:	
Mailing address:	
Phone Number:	
Total Square Footage of tenant space:  This Zoning Approval shall not be construed as au	uthority to violate, cancel or set aside any
other applicable Codes or Ordinances in the City of	
This Approval shall not be construed as a Busines Lynchburg Commissioner of the Revenue.	s License as required by the City of
This Approval may be revoked if any of the City Zo are violated.	oning Ordinances or City Code Ordinances
I will adhere to all City Zoning and City Code Ordinances	<b>5.</b>
Signature:	Date:
Zoning Official:	Date:
*This certificate shall not supersede any final but	Ilding inspections required for occupancy.

Revised 04/05